

Dr. ~~W. C. G. G.~~

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027929

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1176-D

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD d. STREET ADDRESS (If outside, give location) 1332 W. WALNUT	
3. NAME OF DECEASED (Type or print) First Middle Last THURLOW EMMETT GREEN		4. DATE OF DEATH Month Day Year JULY 25 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHAFFITZEL GREENHOUSE		11. BIRTHPLACE (City and state or country) PEACE VALLEY, MO.	
13a. FATHER'S NAME CHARLES GREEN		14. NAME OF HUSBAND OR WIFE IDA GREEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		17. INFORMANT IDA GREEN. SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes DUE TO (b) _____ DUE TO (c) UNATTENDED BY A PHYSICIAN		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient collapsed at Schaffitzel Greenhouse	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Greenhouse		20f. CITY, TOWN, OR LOCATION SPRINGFIELD	
20g. COUNTY GREENE		20h. STATE MISSOURI	
21. I attended the deceased from Approx. 8:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. C. G. G.</i>		22b. ADDRESS 609 Cherry, Springfield, Mo.	
22c. DATE SIGNED 7/28/63		22d. SIGNATURE <i>Bernice Medley</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/28/63	
23c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) PEACE VALLEY, MO.	
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 8-2-63	
26. REGISTRAR'S SIGNATURE <i>Bernice Medley</i>		27. REGISTRAR'S SIGNATURE <i>Bernice Medley</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

OCT 29 1963

7-26-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Walter E. Hamble

Licensed Embalmer No.

3808

P. O. Address

Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.